

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of YumaDistrict of Yuma

Town of _____

or

City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS

State Index No. 175

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. _____

2. Full name of child Hazel Grant (If birth occurred in a hospital or institution, give its NAME instead of street and number)

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Reported No 7. Date of birth 4 27 25 Month Day Year8. Full name Timothy Grant FATHER 14. Full maiden name Alice Nagayer MOTHER9. Residence (Usual place of abode) Yuma Ariz 15. Residence (Usual place of abode) Yuma Ariz If non-resident, give place and state.10. Color or race 4/4 Indian 11. Age at last birthday 36 (Years) 16. Color or race 4/4 Indian 17. Age at last birthday 16 (Years)12. Birthplace (city or place) San Carlos Res. Ariz 18. Birthplace (city or place) San Carlos Res. Ariz (State or country)13. Occupation Common Laborer 19. Occupation Housewife Nature of Industry20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? NoI hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated (Born alive or stillborn.)* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature C. H. Sawyer M.D. (Physician or midwife). Address San Carlos Ariz

Given name added from a supplemental report. Month, day, year _____ Filed _____, 19 _____ Local Registrar.

Registralar _____ Filed _____, 19 _____ County Registrar.

873-427-155